

Application Data Sheet

Application Information

Application number::	Applied for
Filing Date::	02/25/02
Application Type::	Regular
Subject Matter::	Utility
Title::	DIAGNOSTICS AND THERAPEUTICS FOR MACULAR DEGENERATION-RELATED DISORDERS
Attorney Docket Number::	020618-000920US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	-0-
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gregory
Middle Name::	S.
Family Name::	Hageman
Name Suffix::	
City of Residence::	Coralville
State or Province of Residence::	IA
Country of Residence::	US
Street of Mailing Address::	500 Auburn Hills Drive
City of Mailing Address::	Coralville

State or Province of mailing address:: IA
Country of mailing address::
Postal or Zip Code of mailing address:: 52241

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: F.
Family Name:: Mullins
Name Suffix::
City of Residence:: Coralville
State or Province of Residence:: IA
Country of Residence:: US
Street of Mailing Address:: 2342 12 Street
City of Mailing Address:: Coralville
State or Province of mailing address:: IA
Country of mailing address::
Postal or Zip Code of mailing address:: 52241

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	37,505	Joe Liebeschuetz
Associate	47,163	Hugh Wang

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Continuation-In-Part	09/845,745	04/30/2001
09/845,745 is a	Continuation-In-Part	09/510,230	02/22/2000
09/510,230	claims priority to	60/200,698	04/29/2000

Assignee Information

Assignee Name::	University of Iowa Research Foundation
Street of mailing address::	214 Technology Innovation Center
	Oakdale Research Campus
City of mailing address::	Iowa City
State or Province of mailing address::	IA
Country of mailing address::	US
Postal or Zip Code of mailing address::	52319